

AO 242 (Rev. 09/17) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

UNITED STATES DISTRICT COURT

FILED
HARRISBURG, PA

for the
Middle District of Pennsylvania

JUL 18 2019

Per AAA
Deputy Clerk

Frederick Banks¹, individually & on behalf of

Thousands of Immigrants Detained
at Border Patrol Stations in Texas.

Asia Young, Food Service Supervisor;

Capt. Wiseman, Allegheny County Health Dept.;

Orlando Harper, Warden; U.S. Marshal Service; Jim Buckley,

Administrators, Food Service; Respondents
(name of warden or authorized person having custody of petitioner)

Pennsylvania Department of Corrections; Caitlyn Dickerson, NYT Reporter; U.S. Border patrol;

F.C.E.; Dept of Homeland Security; PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.S.C. § 2241 f2242

Personal Information

1. (a) Your full name: Frederick Banks
(b) Other names you have used: _____
2. Place of confinement:
(a) Name of institution: Allegheny County Jail
(b) Address: 950 Second Avenue
Pittsburgh, PA 15219
(c) Your identification number: 120759
3. Are you currently being held on orders by:
☒ Federal authorities ☐ State authorities ☐ Other - explain: _____
4. Are you currently:
☒ A pretrial detainee (waiting for trial on criminal charges)
☐ Serving a sentence (incarceration, parole, probation, etc.) after having been convicted of a crime
If you are currently serving a sentence, provide:
(a) Name and location of court that sentenced you: _____
(b) Docket number of criminal case: _____
(c) Date of sentencing: _____
☐ Being held on an immigration charge
☐ Other (explain): _____

Decision or Action You Are Challenging

5. What are you challenging in this petition:
☒ How your pre-trial detention sentence is being carried out, calculated, or credited by prison or parole authorities (for example, revocation or calculation of good time credits)

I, U.S. Congressman Mike Doyle's office states that the matters contained herein have been
submitted for a Congressional Investigation in Washington, D.C.

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- ☒ Pretrial detention
☐ Immigration detention
☒ Detainer
☐ The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory maximum or improperly calculated under the sentencing guidelines)
☐ Disciplinary proceedings
☐ Other (explain): _____

6. Provide more information about the decision or action you are challenging:

- (a) Name and location of the agency or court: Allegheny County Jail, Allegheny County Bureau of Corrections, Pennsylvania Department of Corrections, Harrisburg, PA
 (b) Docket number, case number, or opinion number: 14830 & 14837
 (c) Decision or action you are challenging (for disciplinary proceedings, specify the penalties imposed):
Failure to provide me with 3 pre approved Litra / Midsummer Wicca Sabbat Religious meals, + Failure to schedule a pre approved UPMC Hearing test & take me to the test
 (d) Date of the decision or action: _____

Your Earlier Challenges of the Decision or Action

7. First appeal

Did you appeal the decision, file a grievance, or seek an administrative remedy?

- ☒ Yes ☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: Allegheny County Bureau of Corrections(2) Date of filing: 6/21/2019(3) Docket number, case number, or opinion number: 14830 & 14837(4) Result: Affirmed(5) Date of result: Unknown

(6) Issues raised: Chaplain Kim Grekay approved petitioner for 3 days of Litra meals a Wicca Sabbat. The meals were supposed to be received at dinner on June 21, 22 + 23, 2019. Petitioner did not receive these meals. However a month earlier for 30 straight days Muslims received 30 religious meals for Ramadan in violation of Equal protection & Free exercise First & 14th Amendments. Petitioner witnessed w/ his own eyes an inmate taken (brought to the hospital w/o an appointment within an hour of his request. Petitioner's hearing test (pre approved) at UPMC in 3 months he was not taken to it

(b) If you answered "No," explain why you did not appeal: _____

8. Second appeal

After the first appeal, did you file a second appeal to a higher authority, agency, or court?

- ☐ Yes ☒ No

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(a) If "Yes," provide:

(1) Name of the authority, agency, or court: _____

(2) Date of filing: _____

(3) Docket number, case number, or opinion number: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

(b) If you answered "No," explain why you did not file a second appeal: _____

There is no second appeal available.9. **Third appeal**

After the second appeal, did you file a third appeal to a higher authority, agency, or court?

☐ Yes☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: _____

(2) Date of filing: _____

(3) Docket number, case number, or opinion number: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

(b) If you answered "No," explain why you did not file a third appeal: _____

10. **Motion under 28 U.S.C. § 2255**

In this petition, are you challenging the validity of your conviction or sentence as imposed?

☐ Yes☒ No

If "Yes," answer the following:

(a) Have you already filed a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence?

☐ Yes☐ No

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If "Yes," provide:

(1) Name of court: _____

(2) Case number: _____

(3) Date of filing: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

- (b) Have you ever filed a motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), seeking permission to file a second or successive Section 2255 motion to challenge this conviction or sentence?

☐ Yes☐ No

If "Yes," provide:

(1) Name of court: _____

(2) Case number: _____

(3) Date of filing: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

- (c) Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence: _____

11. Appeals of immigration proceedings

Does this case concern immigration proceedings?

☐ Yes☒ No

If "Yes," provide:

- (a) Date you were taken into immigration custody: _____

- (b) Date of the removal or reinstatement order: _____

- (c) Did you file an appeal with the Board of Immigration Appeals?

☐ Yes☐ No

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If "Yes," provide:

(1) Date of filing: _____

(2) Case number: _____

(3) Result: _____

(4) Date of result: _____

(5) Issues raised: _____

(d) Did you appeal the decision to the United States Court of Appeals?

☐ Yes☐ No

If "Yes," provide:

(1) Name of court: _____

(2) Date of filing: _____

(3) Case number: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

12. **Other appeals**

Other than the appeals you listed above, have you filed any other petition, application, or motion about the issues raised in this petition?

☐ Yes☒ No

If "Yes," provide:

(a) Kind of petition, motion, or application: _____

(b) Name of the authority, agency, or court: _____

(c) Date of filing: _____

(d) Docket number, case number, or opinion number: _____

(e) Result: _____

(f) Date of result: _____

(g) Issues raised: _____

Grounds for Your Challenge in This Petition

13. State every ground (reason) that supports your claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground. Any legal arguments must be submitted in a separate memorandum.

GROUND ONE: Respondents failed to provide petitioner with three pre approved Litha / Midsummer Wicca Sabbat Religious Meals yet provided Muslims with 30 days of Religious Meals for Ramadan in violation of the Free Religious Exercise & Equal Protection & Due process Clause, 1st & 14th Amendments

(a) Supporting facts (Be brief. Do not cite cases or law.):

Chaplain Kim Eneway approved petitioner a Wicca practitioner (a protected class) for three days of Litha Sabbat a Wicca Religious Sabbat Meals. Petitioner never received the meals on 6/21/19, 6/22/19, & 6/23/19 and Respondents refused to replace the meals yet provided Muslims (a protected class outside of petitioner's class) with 30 days of Ramadan Religious meals without making a single one. Respondents discriminated against petitioner because of his Wicca religion in violation of Equal

(b) Did you present Ground One in all appeals that were available to you? Protection, Due process & Free Religious Exercise 1st & 14th Amendments

☒ Yes

☐ No

GROUND TWO: Respondents failed to schedule and/or take petitioner to a pre approved Hearing examination at UPMC for a special test. Petitioner who is an American Indian (a protected class) witnessed another inmate who was not scheduled be taken to the hospital within an hour of his request. He was white (a separate protected class) in violation of Due process & Equal protection

(a) Supporting facts (Be brief. Do not cite cases or law.):

Petitioner was pre approved for an out of network test at UPMC and was to be seen again at AGH for a Cat Scan, all related to hearing problems. Staff discriminated against petitioner an American Indian & Wiccan because of his status & Religion and failed to schedule and take him to UPMC & AGH yet took a unapproved white inmate to the hospital within an hour of his request in violation of Equal protection, Due process and Religious free Exercise 1st & 14th Amendments.

(b) Did you present Ground Two in all appeals that were available to you?

☒ Yes

☐ No

GROUND THREE: Petitioner, AGH Staff & Inmates, a certain percentage (roughly 80%) have a high pitched tone (ringing) in their ears constantly or periodically. This tone is a FISA Warrant & Staff/Inmates are under active CIA electronic surveillance and being manipulated & controlled in violation of 50 USC 1801 et seq & Due process

(a) Supporting facts (Be brief. Do not cite cases or law.):

Petitioner, AGH Staff & Inmates have a high pitched tone (ringing) in their ears. This tone is a CIA Satellite signal originating in this district which has Respondents & others under "electronic surveillance" in violation of FISA & Due process 50 USC 1801 et seq. Staff & Inmates are being manipulated & controlled remotely by the CIA. The Court should order the FISA disclosed. 50 USC 1806(f)

(b) Did you present Ground Three in all appeals that were available to you?

☒ Yes

☐ No

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GROUND FOUR: In El Paso Station #7 & Clint Texas Station (Border patrol stations) Hundreds & thousands of immigrant children and their families are being detained in violation of due process because there are no soap, Tooth brushes & they haven't been allowed to shower or change clothes for weeks

(a) Supporting facts (Be brief. Do not cite cases or law.):

Fleeing immigrant children and their families are being unlawfully held at two or more border stations in Texas in violation of due process because they have not been provided with soap, Tooth brushes, deodorant, a shower and clothes for weeks. Their clothes are not being washed and the temperatures are too cold. Staff won't turn on the heat. They were influenced to come to seek Asylum in the USA by CIA FISA electronic surveillance under a satellite signal emanating out of this District in violation of 50 USC 1801 et seq.

(b) Did you present Ground Four in all appeals that were available to you? Banks is the self appointed acting agent for the immigrants who are mentally & physically incapacitated & cannot file the motion. See Morris v. USA, 399 F.Supp.2d 0 (EOVA 1975)

☒ Yes

☐ No

14. If there are any grounds that you did not present in all appeals that were available to you, explain why you did not:

Request for Relief

15. State exactly what you want the court to do: Issue an order Declaring that petitioner's Equal Protection, due process and rights to freely practice Wicca were violated by Respondents, ORDER Respondents to provide petitioner with 3 Litha replacement meals and to promptly within 48 hours schedule and take him to his UPAC & AGA hearing tests, and order all FISA related to these allegations disclosed. ORDER the Texas Immigrants discharged from custody and Asylum detention enjoined for FISA & due process violations.

Allegheny County Bureau of Corrections Inmate Complaint/Appeal Form

Complaint or Appeal # _____ (Staff Only) Sub-category Code: _____ (Staff Only) Released: _____ (Staff Only)

To: Grievance Officer

Date of Complaint: 6/23/2019Inmate Name: Frederick Banks (Print Legibly)DOC #: 120759Pod: 8F Cell #: 204Complaint Shift (check one shift)7x3 ☒ 3x11 _____ 11x7 _____Complaint Category (circle one category OR write the complaint # decision you are appealing)

Inmate Account	Food Service	Mailroom	Maintenance	Records
Mental Health	Medical	Staff Conduct	Jail Procedure	Property
Other: _____ (print)		Appealing Complaint # <u>14830</u>		

Inmate Instructions: Complete the above sections then briefly state your complaint or reason for appealing a complaint decision below on one form only. Sign your name at the bottom of this form then place the white copy in the housing unit complaint box located at the Officer's desk. **Matters dealing with institutional disciplinary procedures will be dealt with by the Program Review Committee (P.R.C.) and cannot be grieved. Inappropriately filed complaints or a submission that concerns a non-grievance issue will be returned to you and not processed. This includes but is not limited to submissions on multiple forms, checking more than one shift, circling more than one category, not printing your name legibly, not signing your name, filing an appeal before your complaint has been answered, and/or filing an appeal five or more days after a decision was rendered. If you are appealing a complaint decision you must submit your original pink copies of your Inmate Complaint Form and the Complaint Findings Form that you were given.**

Inmate Complaint OR Reason for Appeal (Print Legibly)

I Appeal because I was told the urine test was scheduled for the ENT Doctor. I talked to the U.S. Marshals and they approved the test and stated they will pay for it. Therefore I request that the test be scheduled ASAP and I be taken to the test. I have already been waiting several months. Any questions contact my representation: Hamilton Brown Firm, U.S. Steel Tower, 600 Grant Street, Pittsburgh, PA 15219, Tel 412-475-8384, email website www.facebook.com/hamiltonbrownfirm
I appreciate your help in resolving this matter.

Inmate Signature: [Signature]Today's Date: 7/5/19

White: Staff Copy

Pink: Inmate Copy

Exhibit A

Allegheny County Bureau of Corrections Inmate Complaint/Appeal Form

Complaint or Appeal # _____ (Staff Only) Sub-category Code: _____ (Staff Only) Released: _____ (Staff Only)

To: Grievance Officer

Date of Complaint: 6/21/2019Inmate Name: Frederick Banks (Print Legibly)DOC #: 120759Pod: 8E Cell #: 204Complaint Shift (check one shift)7x3 _____ 3x11 ☒ 11x7 _____Complaint Category (circle one category OR write the complaint # decision you are appealing)

Inmate Account	Food Service	Mailroom	Maintenance	Records
Mental Health	Medical	Staff Conduct	Jail Procedure	Property
Other: _____ (print)		Appealing Complaint # <u>14837</u>		

Inmate Instructions: Complete the above sections then briefly state your complaint or reason for appealing a complaint decision below on one form only. Sign your name at the bottom of this form then place the white copy in the housing unit complaint box located at the Officer's desk. **Matters dealing with institutional disciplinary procedures will be dealt with by the Program Review Committee (P.R.C.) and cannot be grieved. Inappropriately filed complaints or a submission that concerns a non-grievance issue will be returned to you and not processed. This includes but is not limited to submissions on multiple forms, checking more than one shift, circling more than one category, not printing your name legibly, not signing your name, filing an appeal before your complaint has been answered, and/or filing an appeal five or more days after a decision was rendered. If you are appealing a complaint decision you must submit your original pink copies of your Inmate Complaint Form and the Complaint Findings Form that you were given.**

Inmate Complaint OR Reason for Appeal (Print Legibly)

I Appeal the decision of ASIA (A. Paing) re Food service supervision because my complaint is that I did not get the three Litha which Religious Meals. I did not see that they weren't prepared. The Supervisor who rep'd stated "The meals went up for those days of Litha we followed the menu request we received from the Chaplain. The meals were made, wrapped, and delivered." Again I did not get the meals. I spoke with all 3 cots Hyde, Costerelli, and McQuire on June 21, 2019. Each stated that the Litha meal was not on the 8E cart. Costerelli stated that "I called the kitchen and they said all we had for him is the Cardiac Tray". As my First Amendment - Religious Rights and 14th Amendment Equal Protection Right were violated I request \$250,000 in damages and the three Litha meals I didn't receive. A complaint will be filed with Mike Cline, US Congress man. In a federal inmate, Amy Gresham contact my representative Hamilton Brown Firm, 15 Steel Tower, 600 Grant Street, Pittsburgh, PA Tel: 412-975-8334 email: fbrown@hamiltonbrownfirm.com. I also request Sections.

Inmate Signature: [Signature]Today's Date: 7/7/2019

White: Staff Copy

Pink: Inmate Copy

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Declaration Under Penalty Of Perjury

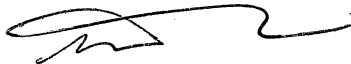
If you are incarcerated, on what date did you place this petition in the prison mail system:

7/12/19

I declare under penalty of perjury that I am the petitioner, I have read this petition or had it read to me, and the information in this petition is true and correct. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

Date:

7/12/19



Signature of Petitioner



Signature of Attorney or other authorized person, if any

Hamilton Brown

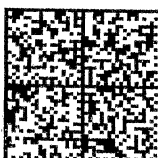
www.facebook.com/hamiltonbrownfirm

NAME: Frederick Banks

DOC & POD NUMBER 120759, 8E
ALLEGHENY COUNTY JAIL
950 2ND AVE
PITTSBURGH, PA 15219-3100

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